

Youth Name:	Date of Direct Admission:
Client ID#:	Regional Office:
This confirms that the following documentation was recei arrival of the youth on the above date.	ved at the Direct Admission Unit upon
(Please check all that apply)	
☐ Certified True Copy of Court Order	☐ Educational Information
□ Copy of Court Minutes	☐ Birth Certificate
☐ Certified True Copy of Modification of Disposition	☐ Immunization Record
□ Copy of Offense Report	☐ Medication
☐ Evaluation (psychological, psychiatric, etc.)	☐ Social Security Card
☐ Progress Reports from prior Residential Placements	☐ Other (see below)
Please indicate "Other" here:	
Direct Admission Staff Name & Title	Date
Regional Office Staff Name & Title	Date
c: Youth Master Record – Clip VIII	